

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-878)

SERIAL NO. **09/622184** FILING DATE _____
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4	/		/			
5	/		/			
6		2		2		
7		3		2		
8		3		2		
9		3		1		
10		2		5		
11		3		3		
12		3		3		
13		3		3		
14		3		3		
15		3		3		
16		3		3		
17		3		3		
18		3		3		
19		3		3		
20		3		3		
21		3		3		
22		3		2		
23		3		3		
24		3		2		
25		3		3		
26		3		3		
27		3		3		
28		3		3		
29		3		3		
30		3		3		
31		3		3		
32		3		3		
33		3		3		
34		3		3		
35	/		/			
36				1		
37				1		
38				1		
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	4		4			
TOTAL DEP.	84		89			
TOTAL CLAIMS	88		93			

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS